



MHSPHP

Military Health System Population Health Portal



MHSPHP Metrics Forum

Use of Imaging in Low Back Pain

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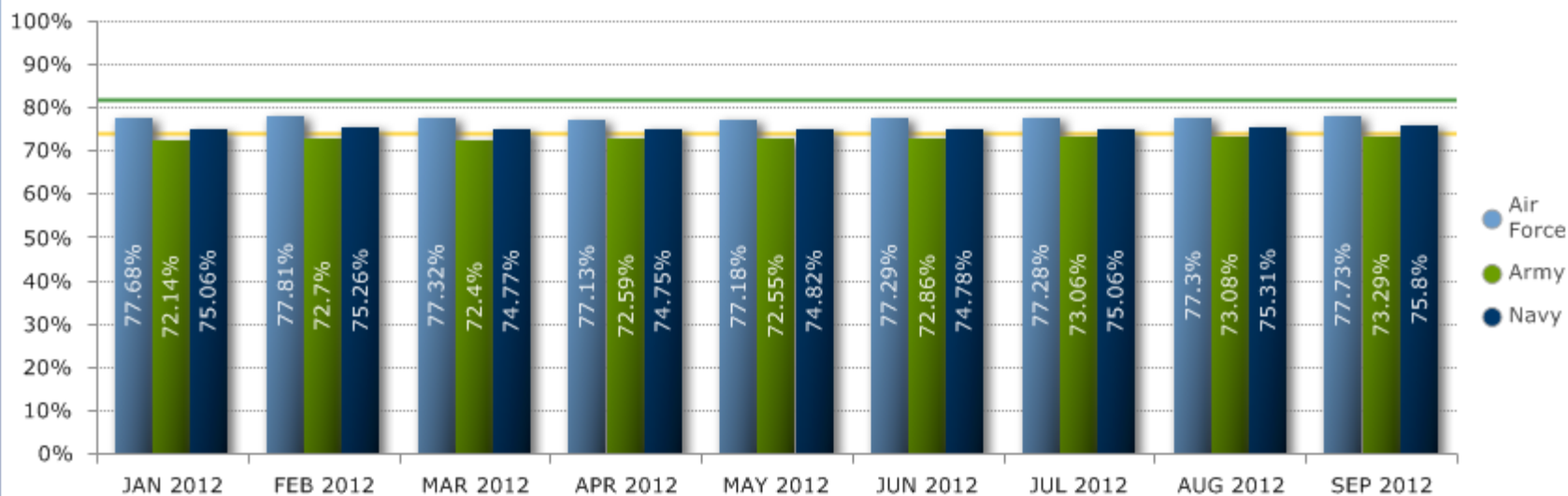


- Methodology of the metric
- Understanding the Prevalence Report
- FAQs

Introduction to Obesity Metrics

Use of Imaging in Low Back Pain

All Services - Low Back Pain Imaging - HEDIS - (12/10/2012)



2012 Benchmarks: 90th - 82.0%, 50th - 74.1% | As of JAN 2012 data: Only TRICARE Prime Enrollees are included, and continuous enrollment requires 11 of 12 month



Use of Imaging in LBP Description

- The percentage of members with a primary diagnosis of acute low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
- Emphasis on the “did NOT have imaging”
- A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur)



- Denominator:
- Patients who had a new primary diagnosis of LBP in an outpatient or emergency room encounter in the first ~11 months of the measurement year
- New diagnosis of LBP definition: exclude any patients who had any diagnosis of LBP in the six months preceding the encounter with the LBP primary diagnosis



Codes to Identify Denominator Patients

- ICD9 Codes to identify LBP in ER or outpatient encounters

ICD-9-CM Diagnosis
721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.7, 738.5, 739.3, 739.4, 846, 847.2



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Continuous Enrollment Criteria

- Patients must be continuously enrolled for 180 days prior to the new primary LBP diagnosis through 28 days after
 - Allows for review of pre-existing LBP diagnosis
 - Allows for capture of testing in 28 days following the primary diagnosis

Denominator Exclusions for appropriate imaging

- Patients with these diagnoses are excluded from the denominator : Imaging is appropriate for these patients
 - Any diagnosis of cancer at any point in their data history
 - Trauma, IV drug abuse or Neurologic

Description	ICD-9-CM Diagnosis
Cancer	140-209, 230-239, V10
Trauma	800-839, 850-854, 860-869, 905-909, 926.11, 926.12, 929, 952, 958-959
IV drug abuse	304.0-304.2, 304.4, 305.4-305.7
Neurologic impairment	344.60, 729.2



- Identify patients who had imaging study in the initial 28 days after their primary LBP diagnosis and remove them from the eligible numerator population
- Remaining patients didn't have imaging study and are the numerator patients

Description	CPT
Imaging studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

Use of Imaging in LBP Prevalence Report

- All patients who met the LBP denominator criteria.
- Date for each type of imaging completed on the patients
- Reminder: per HEDIS and DOD/VA CPG, inappropriate to have any imaging in the first 28 days after the initial primary diagnosis for this population of LBP patients



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Prevalence Reports for LBP

- Acute LBP: Pt had at least 2 visits in last 12 months for LBP
- Chronic LBP: Pt had at least 2 visits at least 42 days apart in last 12 months for LBP
- Low Back Pain Imaging: Patients who meet the criteria for this metric
 - Lists imaging study completed: X-Ray, MRI, CT
 - Identifies system as direct or purchased (“Network”)



- Pts who meet the HEDIS criteria are on the list
- The list is not Actionable—patients either had a test or didn't in the 28 days after diagnosis
- Pts who have no X-Ray, no MRI, no CT meet the numerator criteria (improve metric)
- Pts who have a test work against improving the metric
 - They cannot be “fixed”
- Purpose of the list is to help identify patient care processes that could be improved

Metric not support with CPG

- **MOST COMMON QUESTION:** My providers are frustrated that this metric encourages imaging when clinical guidelines recommend against it in the first 4 weeks, what do I tell them?
- Actually, the metric supports the DoD/VA CPG as both the metric and the CPG discourage imaging in the first 28 days after the initial diagnosis. This question is asked by many who look at the title of the metric only or by those who don't understand the methodology document.

<https://www.qmo.amedd.army.mil/pguide.htm>



- Is there a way to enter exclude any of the patients?
- Yes, you can enter exclusions for these patients
 - OHI: Patients who exclusively use other health insurance for all care (have another PCM and don't use MTF care)
 - Miscoded: perhaps the pt had a trauma injury that was not coded
 - Clinically inappropriate: there is a clinical reason documented in the medical record that required imaging that did not meet the standard exclusions listed on slide 8



FAQ: when do pts fall off list

- Patients fall off the list when their initial LBP diagnosis is over 12 months old



- Why does is the patient on my list when the diagnosis and treatment happened at another MTF? Why isn't the ordering provider listed?
- Currently metric is posted by where the pt is enrolled for the metric month. It is time for our annual review of metrics and discussion of updates to the MHSPHP lists. We are going to discuss whether this metric be measured by current enrollment location or where the patient was enrolled when the testing was done. Would it still be within HEDIS technical specifications to run metric by ordering site/provider? That would not clearly be HEDIS as it would leave out all tests not by an MTF provider or network PCM. But perhaps if desired that could be an extra

Top Clinic Performers

BRANCH	Facility Type	MTF Name	LBP ELIGIBLE	WITHOUT LBP IMAGE	LBP NO Image rate
F	CLINIC	39th MED GROUP-INCIRLIK	96	91	94.79%
N	CLINIC	NBHC NAS JACKSONVILLE	282	263	93.26%
N	CLINIC	BMC NAVSTA GUAM	55	51	92.73%
A	CLINIC	USAHC-YONGSAN	330	303	91.82%
N	CLINIC	BMC CAPODICHINO	71	65	91.55%
F	CLINIC	MENWITH HILL	46	42	91.30%
F	CLINIC	377th MED GRP-KIRTLAND	477	434	90.99%
F	CLINIC	92nd MED GRP-FAIRCHILD	336	304	90.48%
A	CLINIC	USAHC CAMP STANLEY	63	57	90.48%
A	CLINIC	USAHC-CAMP RED CLOUD	88	79	89.77%
A	CLINIC	USAHC CAMP HUMPHREYS	340	305	89.71%
A	CLINIC	USAHC-CAMP WALKER	94	84	89.36%
F	CLINIC	36th MED GRP-ANDERSEN	194	173	89.18%
F	CLINIC	28th MED GRP-ELLSWORTH	339	302	89.09%
N	CLINIC	NBHC KINGS BAY	256	228	89.06%

Top Hospital Performers

BRANCH	Facility Type	MTF Name	LBP ELIGIBLE	WITHOUT LBP IMAGE	LBP NO Image rate
F	HOSP	31st MED GRP-AVIANO	232	226	97.41%
N	HOSP	NH LEMOORE	261	240	91.95%
F	HOSP	81st MED GRP-KEESLER	557	512	91.92%
N	HOSP	NH SIGONELLA	114	104	91.23%
A	HOSP	BRIAN ALLGOOD ACH-SEOUL	99	89	89.90%
N	HOSP	NH JACKSONVILLE	487	427	87.68%
N	HOSP	NH GUAM-AGANA	96	84	87.50%
N	HOSP	NH NAPLES	89	77	86.52%
N	HOSP	NH CAMP LEJEUNE	496	427	86.09%
N	HOSP	NH YOKOSUKA	186	160	86.02%
F	HOSP	60th MED GRP-TRAVIS	870	746	85.75%
N	HOSP	NH ROTA	117	100	85.47%
F	HOSP	51st MED GRP-OSAN AB	390	331	84.87%
A	HOSP	LANDSTUHL REGIONAL MEDCEN	318	269	84.59%
F	HOSP	96th MED GRP-EGLIN	936	790	84.40%
F	HOSP	35th MED GRP-MISAWA	240	201	83.75%
A	HOSP	BAYNE-JONES ACH-FT. POLK	1117	920	82.36%
F	HOSP	633rd MED GRP LANGLEY-EUSTIS	1008	828	82.14%



- Research the patients who had imaging studies
 - Identify learning opportunities from patients researched
 - Provide provider education on the DoD/VA CPG for those who order the tests
 - Contact similar sites on the top performers lists for information on their successful processes



Age	branch	Overweight Prevalence	Overweight with DX	Obese Prevalence	Obese with DX
Adult	Air Force	41.46%	6.42%	24.56%	25.67%
Adult	Army	42.60%	9.62%	27.06%	33.54%
Adult	Navy	44.41%	5.88%	21.99%	27.43%
Adult	Total MHS	42.70%	7.57%	24.90%	29.56%
Child & Adolescent	Air Force	13.08%	16.47%	9.55%	40.19%
Child & Adolescent	Army	14.31%	6.79%	11.85%	27.62%
Child & Adolescent	Navy	13.73%	5.91%	11.26%	28.19%
Child & Adolescent	Total MHS	13.80%	9.36%	11.01%	31.06%



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Future Obesity measures

- Measures calculated quarterly
 - Not HEDIS metrics; benchmarks not clearly defined yet
- Currently being viewed by TMA
- Anticipated integration into MHSPHP:
 - Quarterly metrics
 - Add BMI, BMI %, ht, wt, wt status to quicklook
 - Wt status is interpretation of BMI/BMI% as:
 - Underweight, healthy weight, overweight, obese, severe/morbid obese
 - Add obesity/overweight prevalence report

8 Obesity Metrics

- **Overweight Prevalence:** Of the patients with a BMI measured, the % were overweight
- **Obese Prevalence:** Of the patients with a BMI measured, the % were obese
- **Overweight coded:** Of the overweight patients, how many had an encounter with a diagnosis of overweight or obese
- **Obese Coded:** Of the obese patients, how many had an encounter with a diagnosis of overweight or obese
- All 4 metrics run separately for adults and Children/Adolescents



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Obese and Overweight Prevalence Denominators

- Adult: Patients ≥ 18 continuously enrolled for 11 of 12 months in the last 12 months who had a height and weight in AHLTA
- Child/Adolescent: Patients 3-17 continuously enrolled for 11 of 12 months in the last 12 months who had a height and weight in AHLTA



Overweight Prevalence Numerator

- Adults ≥ 18 with BMI ≥ 25 and < 30 in last year
 - BMI calculated based on HT and WT:
 - Mode Height
 - Median Weight
- Children 3-17 with BMI percentile ≥ 85 and < 95
 - BMI calculated based on most recent HT and WT in the last year



Obese Prevalence Numerator

- Adults ≥ 18 with BMI ≥ 30 in last year
 - BMI calculated based on HT and WT:
 - Mode Height
 - Median Weight
- Children/Adolescents age 3-17 with BMI percentile ≥ 95
 - BMI calculated based on most recent HT and WT in the last year

Denominators & Numerators

- Overweight coded denominator: those patients in the overweight prevalence numerator
- Overweight coded numerator: those with an outpatient encounter with diagnosis for obesity or overweight
- Obese coded denominator: those patients in the obese prevalence numerator
- Obese coded numerator: those with an outpatient encounter with diagnosis for obesity or overweight



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Numerator ICD9 codes

Child/Adolescent

- 278
- V77.8
- V85.54
- V85.53
- V65.3
- V65.41

Adult

- 278
- V77.8
- V85.4
- V85.3
- V85.2
- V65.3
- V65.41



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Obesity metrics exclusions

- Any woman with an ICD9 code indicating pregnancy during the measurement year are excluded



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NEXT Webinar: Diabetes

Would these locations please consider sharing their diabetic care processes at the next webinar on Thursday Jan 12th??

Email me please

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branch	Type	Name	s	c_Scr%	9%	Cl8%	A1Cl7%	With_LD L_scr%	LDLt100%	with retinal %
A	HOSP	BLANCHFIELD ACH-FT. CAMPBELL	800	96.75%	87.00%	77.63%	64.92%	94.50%	52.13%	83.13%
F	CLINIC	319th MED GRP-GRAND FORKS	119	96.64%	83.19%	73.95%	51.06%	91.60%	61.34%	78.15%
A	CLINIC	R W BLISS AHC-FT. HUACHUCA	321	95.95%	85.36%	75.39%	57.41%	92.52%	49.53%	79.13%
F	CLINIC	359th MED GRP-RANDOLPH	1002	95.81%	88.22%	81.84%	64.75%	94.91%	68.86%	87.23%
F	CLINIC	325th MED GRP-TYNDALL	464	95.69%	87.07%	81.90%	65.24%	95.04%	58.19%	78.45%
N	CLINIC	NBHC YORKTOWN	83	95.18%	86.75%	71.08%	56.16%	92.77%	65.06%	74.70%
N	HOSP	NH PENSACOLA	891	94.28%	83.50%	75.98%	59.71%	92.48%	62.63%	72.62%
N	CLINIC	TRICARE OUTPATIENT-CHULA VISTA	1138	94.20%	86.20%	76.19%	54.46%	93.94%	70.74%	73.81%



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- Questions?